PART B - FEE(S) TRANSMITTAL

Complete and send t	his form, together wit	h applicable fe	ee(s), to: <u>Mail</u>	Mail Stop ISSUI Commissioner fo P.O. Box 1450 Alexandria, Virg	or Patents	
INSTRUCTIONS: This for appropriate. All further cor	m should be used for trans respondence including the I	smitting the ISSU atent, advance or	or <u>Fax</u> E element UBLI ces and notification	(703) 746-4000 CATION FEE (if requ n of maintenance fees v	ired). Blocks I through 5 s will be mailed to the current and/or (b) indicating a sepa	hould be completed where correspondence address as
maintenance fee notification	is.		<u> </u>	4		
75	E ADDRESS (Note: Use Block 1 for 1990 11/15/2004		FEB 1 8 2005	Fee(s) Transmittal. The	mailing can only be used for all paper, such as an assignment of mailing or transmission.	for any other accompanying
Leffert Jay & Pol P.O. Box 581009 Minneapolis, MN 5	55458-1009	4	TRADEMEN	I hereby certify that the States Postal Service addressed to the Mai	rtificate of Mailing or Trans nis Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the c	g deposited with the United st class mail in an envelope above, or being facsimile
02/22/2005 MBERHE1 00				Susan W.	_	(Depositor's name)
01 FC:1501 02 FC:1504	1400.00 OP 300.00 OP			dusan W.	Donovar	(Signature)
03 FC:8001	12.00 OP			Februar	4 15, 2005	(Date)
APPLICATION NO.	FILING DATE	1	FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/785,556 TITLE OF INVENTION: FI	02/24/2004 LASH MEMORY WITH RE		rankie Fariborz Roo EE		400.130US02	8138
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE F	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	1	\$300	\$1670	02/15/2005
EXAMINER		ART UN	IT C	CLASS-SUBCLASS]	
PHAM, LY D		2818	2818 365-063000			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			4 ,			
(A) NAME OF ASSIGN		(B		TY and STATE OR CO	nee is identified below, the d	locument has been filed for
Please check the appropriate	assignee category or categor	ies (will not be pri	nted on the patent):	Individual 🖾 C	orporation or other private gr	oup entity Government
4a. The following fee(s) are Signature Signature Signature Signature Signature Signature Advance Order - # of	mall entity discount permitte	d)	Payment by cree	imount of the fee(s) is er dit card. Form PTO-203		credit any overpayment, to
5. Change in Entity Status a. Applicant claims St	(from status indicated above MALL ENTITY status. See 2)		· ·	LL ENTITY status. See 37 C	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	e Fee and Publicat ill not be accepted nt and Trademark	ion Fee (if any) or to I from anyone other Office.	o re-apply any previous than the applicant; a reg	ly paid issue fee to the application istered attorney or agent; or the	ation identified above. he assignee or other party in
Authorized Signature	Jenneth W.	Boli		Dațe	2/15/05	
Typed or printed name	Kenneth W. Bo	lvin		Registration	No. 34,125	
Alexandria, Virginia 22313-	1430.				the public which is to file (an minutes to complete, includio omments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB contro	

PTOL-85 (Rev. 11/04) Approved for use through 04/30/2007.